PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number		
CLAIMS AS FILED — PART I (Cotumn 1) (Cotumn 2)						SMALL I	ENTITY	OR		R THAN ENTITY
FOR NUMBER FILED			NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))							s	OR	Rei	:710
	AL CLAIMS CFR 1.16(c))	54	54 minus 20 = . 3			X \$=		OR	x . [X] =	612
	PENDENT CLAIN CFR 1.16(b))	15 3	3 minus 3 = •			x s=		oR	x 5 & 4 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ 5=		OR	+,28Q	
* If the difference in column 1 is less than zero, enter *0" in column 2.						TOTAL		OR	TOTAL \$	3624
CLAIMS AS AMENDED - PART II									,	
(Column 1) (Cotu			(Column 2)	(Column 3)	SMALL I	ENTITY	OR		R THAN ENTITY	
AMENDMENT A	5/2414	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (27 CFR 1.16(c))	· 54	Minus	34	Ţ	x s=		OR	¥ s=	
	Independent (37 CFR 1.16(b))	- 3	Minus	3	=	x s=		OR	× 5 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$=		OR	+5_=	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
81	29/02	(Column 1)		(Column 2)	(Column 3)			•		
AMENDMENT B	1100	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	5#	Minus	" S4	=	x s=		OR	x s=	
	independent (37 CFR 1.16(b))	· 3	Minus	" 7	*	x s=		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 5=		OR	+ \$=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	••	=	X \$=		OR	x \$=	
	Independent (37 CFR 1.15(b))	•	Minus	•••	=	x \$=		OR	x s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 5 =		OR	+ s=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.